

# BEST AVAILABLE COPY

CLAIMS						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2		/					52			
3			/				53			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL ID.							TOTAL IND.			
TOTAL ER.							TOTAL DER.			
TOTAL UMS							TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS